

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 6/30/04 2 Serial/Patent # 09/231,261

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input checked="" type="checkbox"/>	Petition	24	2/9/04	\$ 1330
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$

7 TOTAL AMOUNT OF REFUND

\$

8 TO BE REFUNDED BY:

☐ Treasury Check

☒ Credit Deposit A/C #:

9 16--0085

10 REASON:

☐ Overpayment

☐ Duplicate Payment

☒ No Fee Due (Explanation):

*No petition needed*

11 REFUND REQUESTED BY: BSH

TYPED/PRINTED NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PHONE: \_\_\_\_\_

OFFICE: \_\_\_\_\_

\*\*\*\*\* THIS SPACE RESERVED FOR FINANCE USE ONLY: \*\*\*\*\*

APPROVED: *William Kelly*

DATE: 7/1/04

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B